02201999-90117-050-$70.00-$70.00 * 09161999-90011-028-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005437

1. Corporation Name
DELIVERANCE COMMUNITY INVOLVEMENT CORPORATION

Principal Place of Business	Mailing Address
1180 GEORGIA AVENUE CLEWISTON FL 33440	P.O. BOX 1075 CLEWISTON FL 33440

2/20/99 90117 050 $70.00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/18/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HULEN, JAMES L 25 PALM CIRCLE AVON PARK FL 33825	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] JAMES L HULEN 7/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HULEN, JAMES L 25 PALM CIRCLE AVON PARK FL 33825	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition D/ President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP IFILL, GERALD M 928 MISSISSIPPI AVENUE CLEWISTON FL 33440	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition D/ Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDERSON, ABLON 939 VIRGINIA AVE. CLEWISTON FL 33440	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition D/ Trustee
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANDERSON, SYLVIA A 939 VIRGINIA AVENUE CLEWISTON FL 33440	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition T/ Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS CROMES, SHIRLEY R.E. 1167 DELLA TOBIA AVENUE CLEWISTON FL 33440	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition T/ Financial Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition TS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JAMES L. HULEN 7/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)